

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021351

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

1575

FILED JUN 11 1962

1. PLACE OF DEATH

a. COUNTY Saint Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Normandy

Length of stay in 1b
1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis

c. CITY OR TOWN Overland Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Normandy Osteopathic Hosp.

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
9706 Holtwood Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
Delbert George Haskins

4. DATE OF DEATH
Month Day Year
May 23, 1962

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
3-13-1923

9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
39 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Office Manager

10b. KIND OF BUSINESS OR INDUSTRY
Red Arrow Corp.

11. BIRTHPLACE (City and state or country)
Forbes, Maryland, N. D.

12. CITIZEN OF WHAT COUNTRY
U S A

13a. FATHER'S NAME

Edward G. Haskins

13b. MOTHER'S MAIDEN NAME

Frances Chandler

14. NAME OF HUSBAND OR WIFE

Betty Haskins

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
[Redacted]

17. INFORMANT Address
Betty Haskins, 9706 Holtwood

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE
Acute Pulmonary Edema.
Acute heart failure
Rheumatic Fever / Mitral Stenosis + Incompetence

INTERVAL BETWEEN ONSET AND DEATH
2 hrs.
4 hrs.
30 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5-21-62 to 5-23-62 and last saw her alive on 5-23-62
Death occurred at 10:00a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Mark F. Richardson DO

(Degree or title)

22b. ADDRESS

9553 Lackland Rd.

22c. DATE SIGNED

5-24-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
5-26-62

23c. NAME OF CEMETERY OR CREMATORY
Valhalla

23d. LOCATION (City, town, or county) (State)
St. Louis County, Mo.

24. FUNERAL DIRECTOR

Earl Hilleman, Overland, Missouri

ADDRESS

25. DATE RECD. BY LOCAL REG.

5-25-62

26. REGISTRAR'S SIGNATURE

John C. Murphy Md.

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

4031

2408X

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9410X

10

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423-2

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Earl H. Hellemann

Licensed Embalmer No. 3501

P. O. Address Breilant 142nd

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.